

**Religion and Mental Health**  
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In the summer of 2003, I was one of five seminarians who worked as student chaplains at the University of California – Davis Medical Center, located in Sacramento. The group of seminarians consisted of a Roman Catholic, an Evangelical Christian, two Lutherans, and me. We provided chaplain services for patients and their families under the guidance of a minister supervisor who was on the hospital staff.

One unusual aspect of the UC-Davis Medical Center program was that for one morning each week, the five of us provided chaplain services at a park in Sacramento where homeless people congregated. Homeless people were invited to spend the day there by a nonprofit organization. This was in a part of Sacramento where there were several drug and alcohol treatment centers and also several places for recovering addicts to live in transitional housing. At the small park, the homeless and others could receive some very basic social services. More importantly, the park was a safe place to spend the daylight hours. A homeless person could actually sleep on a bench or on the ground and not be worried about getting hurt or having belongings stolen. (It is often hard for homeless people to get much sleep at night because of the risk of physical harm and/or the risk of having their belongings stolen).

Many of the homeless people had significant mental health problems. The other student chaplains disliked going to the park. Some said they didn't feel safe. Some said they had a hard time striking up conversations. They felt as though they had little in common with the people at the park. For them, it felt like a waste of time being there. As for me, while there were many things that were hard that summer, I liked going to the park and being with the people there. My heart was open. Though human connection was often brief, it was not rare.

My relative ease around people with mental health issues did not come easily. Several years before this, someone close to me had the first of a few psychotic episodes. I flipped out. I freaked out. I was overcome by fear, anxiety, and confusion. I felt that *my* world had crumbled

as much as the world of my loved one. One day around that time, I was sharing my feelings with a friend. He said, “How frightening it must be for your loved one to hear voices.” I felt an internal emotional “*thunk*.” I realized that I did not much care about what this life experience was like for my loved one. My capacity for curiosity and empathy seemed to have evaporated. I had contracted to a very self-absorbed place. “Owning” that contraction was the first step in coming into myself again. “Owning” that fear-based contraction was the first step in coming into a more compassionate self.

I was pulled back into that time and into those feeling recently as I read about the “Hearing Voices Skit,” a workshop exercise in this wonderful publication [show the handbook] by the Rev. Barbara Meyers, *The Caring Congregation Handbook and Training Manual: Resources for Welcoming and Supporting Those with Mental Disorders and their Families into Our Congregations*.<sup>1</sup> The author is a Unitarian Universalist community minister affiliated with the Mission Peak Unitarian Universalist Congregation in Fremont, in the San Francisco Bay area. The goals of her ministry are to seek to understand, improve, and uplift the lives of people with mental health difficulties and their families.<sup>2</sup>

The “Hearing Voices Skit” simulates what it feels like for someone to hear voices. In the exercise, two thirds of workshop participants are designated as “students.” One third of the participants are designated as “voices,” and one person plays the teacher. Each person portraying a “voice” is given a paper with a script to repeat over and over during the exercise. The “teacher” gives the “students” instructions about something to draw on a piece of paper. Those portraying the “voices” stand behind the “students” as they are attempting to draw what the teacher has requested. During the exercise, each “voice” repeats a particular script over and over. Here are some of the scripts of the “voices”:

1) “Watch him. He can’t even follow simple directions. Let’s take the dose up to the next level.”

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<sup>1</sup> *The Caring Congregation Handbook and Training Manual: Resources for Welcoming and Supporting Those with Mental Disorders and their Families into our Congregations*, by the Rev. Barbara F. Meyers, Will To Print Press, 234 Hyde Street, San Francisco, CA 94102, 2005.

<sup>2</sup> See <http://www.mpuuc.org/mentalhealth/mentalintro.html>.

- 2) “Her blood pressure dangerously is elevated; her heart rate is 120 beats per minute.”
- 3) “The leader of this stupid exercise is totally evil. George Bush sent her to trick you so that you will be sent to a mental hospital.”
- 4) “She thinks that she is such hot stuff, but her singing is totally off key.”
- 5) “Listen, you have got to get away from here. Those people behind you will hurt you when you are finished with your drawing. Go!”
- 6) “You’re boring. She is just being nice to you, pretending to like you.”
- 7) “This is the weather station. There is a 50% chance of showers and a 20% chance for a tsunami. Have a nice day.”<sup>3</sup>

The Hearing Voices Skit is intended to allow participants to feel empathy toward people who hear voices, and it did just that for me. I wish that I had read the handbook or had learned something about mental disorders before I was caught up in the chaos of trying to cope with an acute episode of mental illness in the life of someone close to me! This personal experience is one reason why I hope that this congregation will learn about mental disorders and will welcome those with mental disorders (and their families) into the congregation.

Another reason for my hope that we provide this welcome and support relates to the prevalence of mental disorders. In this country, in any given year, about 20% of us will experience an incapacitating mental disorder. That is one in five people.<sup>4</sup> In a congregation of this size, which has about 150 members, statistically, 30 members of this congregation will experience an

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<sup>3</sup> This skit is found on pages 45 to 48 of *The Caring Congregation Handbook and Training Manual*. The skit is adapted from an exercise used by NAMI’s Family-to-Family program. NAMI is the National Alliance on Mental Illness (see [www.nami.org](http://www.nami.org)).

<sup>4</sup> “According to the American Psychiatric Association, during any one-year period, up to 50 million Americans, more than 22 percent, suffer from a clearly diagnosable mental disorder involving a degree of incapacity that interferes with employment, attendance at school or daily life,” *The Caring Congregation Handbook and Training Manual*, p. 152.

incapacitating mental disorder this year. The lives of countless family members and friends are also affected.

As Unitarian Universalists, we need to enhance the ways we care about each other, inside and outside the congregation. I cannot speak about this congregation because I don't know you very well yet. However, at past congregations I've served, members and friends of the congregation tended to be absent from Sunday services whenever their mental health challenges were strongest. What to do? Reach out and call those who you have not recently seen at a Sunday service. Say hi and show you care. Also, and perhaps it goes without saying, attend Sunday services regularly yourself. None of us can know everyone at a service, nor should we. However, we cannot hope to discern who is missing if *we* do not attend services regularly.

By the way, welcoming people with mental disorders into the congregation does not mean that the congregation gives up the right and the responsibility to create safe physical and emotional space in Sunday services, in committee meetings, and in other congregational activities. A congregation may appropriately be concerned about disruptive behavior. A congregation can manage disruptive behavior. There are tried and true ways to do that, ways that have worked in other Unitarian Universalist congregations.<sup>5</sup> It is important to keep in mind that what matters is behavior, not real or presumed psychiatric diagnosis.

Historically, Unitarians and Universalists have paid attention to the wellbeing of those with mental health issues. According to the Rev. Barbara Meyers, "The Unitarian Dorothea Lynde Dix was the foremost crusader for mentally ill people in the United States in the mid-1800s. In an era when women didn't have the right to vote, she managed by sheer force of will, hard work, and astuteness to convince legislatures in many states to appropriate public funds to build over 30 hospitals for the care of the seriously mentally ill. She was deeply religious, having been raised by her grandmother to be a Unitarian, later worshipping in the church of the Rev. William Ellery Channing, the founder of American Unitarianism, beginning in 1823. The sense of religious purpose in her life drove her to her acts of public service."<sup>6</sup>

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<sup>5</sup> See <http://www.uua.org/leaders/leaderslibrary/ethicscongregational/44145.shtml>.

<sup>6</sup> *The Caring Congregation Handbook and Training Manual*, p. 70.

Another luminary from even farther in our past was the Universalist Dr. Benjamin Rush, the first leader in the treatment of mental illness in the United States, according to the Rev. Barbara Meyers. Dr. Rush was a physician, a signer of the Declaration of Independence, and a member of the State convention that ratified the constitution in 1787. He advocated for the humane treatment of people who were then often called “lunatics,” “aliens,” or “distracted persons.” Thanks to his advocacy, the state of Pennsylvania appropriated money to open a ward for the mentally ill at Pennsylvania Hospital in 1796. In this ward, for the first time in the United States, the insane had heat in their rooms.<sup>7</sup>

In her book *In the Shadow of God's Wings*, Susan Gregg-Schroeder lists what she calls “Gifts of the Shadow,” the gifts that depression can give us. I would say that these gifts are ones that *any* mental disorder can give us, not only depression: The gift of vulnerability – We can come to terms with our suffering. The gift of discovering one’s authentic self – We can reunite mind, body, and spirit. The gift of patience within a process – We can learn to live with the ambiguity of the world. The gift of creativity – We can learn that creativity can lead to transformation. And finally, the gift of Hope – We can abide in darkness and learn that we are not alone.<sup>8</sup>

I began by sharing a story from my summer as a student chaplain. I will conclude with another story from that summer. Every so often, student chaplains and others were invited to accompany the physician residents on “grand rounds.” On these occasions, the patient we visited would have consented to have the group enter his or her hospital room and to listen in on a conversation between the patient and a senior physician. Then everyone but the patient would go to a conference room down the hall to discuss what we had observed.

One day during grand rounds, we observed a conversation between a psychiatrist and a psychiatric patient whose delusions contained intense religious imagery. Much of what the patient said was in accord with traditional Christian doctrine. Yet somehow, by the way the patient put things together – by his rickety sense of cause and effect and by his emotional

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<sup>7</sup> Ibid., p. 71.

<sup>8</sup> Quoted in *The Caring Congregation Handbook and Training Manual*, p. 143.

intensity – this man seemed to be out of touch with reality. In the conference room after the patient visit, I asked a question of the psychiatrist. “Why do mentally ill people so often use religious imagery and religious concepts? What is the connection between mental illness and religion?”

I’m not sure what I expected the psychiatrist to say. I might have felt a little bit insecure about the merits of religion itself in that very scientific of settings, a hospital. The answer of the psychiatrist was a surprise. What is the connection between mental illness and religion? He said, “Religious imagery and religious concepts occur cross culturally among people with mental disorders. The brain may be processing something incorrectly, *and* the brain may be processing something real.” Then the psychiatrist was gone to his next appointment in a busy day.

Through my relationships with people living with mental disorders, I have received many gifts. I conclude with the words of Paul Fleischman, who may have received gifts from this same source. He writes, “At the conclusion of life, I would hope to say:

“I was seen and known, heart and soul, and in the same way knew those who circled me;  
 I bowed to the one who opens in a dawn, and I lived in harmony with the order, the principles,  
 and the laws of the day;  
 I knew myself; saw myself; and held in one embrace human faults, limits and successes;  
 I did my job, working in the common cause;  
 And I stirred up dust with my feet, tramping along in the undivided march of human history;  
 I laid down my burden and surrendered myself to the voice of the river, and I became a vessel,  
 and out of me poured the fountain of life;  
 And when I looked up I saw one hand spinning the divine wheel of the world;  
 And I looked down, and knelt, lending my hand; and I continued on my way, shouldering my  
 own pain as I followed the signs . . . “<sup>9</sup>

May we go and do likewise. May it be so!

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<sup>9</sup> Quoted in *The Caring Congregation Handbook and Training Manual*, p. 158.